<b>.</b>		02	lite	-(1 ( ,	0.0		<del></del>	TANK.	3678	a Makes as sila	o safanana			
Ċ		00	1/43	56 4	<u> </u>	ı			(	09/	14			
	PATENT A				ETERMINA ber 10, 199		I RECO	RD		Application	or D	ocket Nur	nber	
	151	CLA		S FILED -		Column	2)	SMA		ENTITY	OŔ	OTHE	THAN	
FOR			NUMBER FILED NUMBER EXTR					RA	_	FEE	7	RATE	EEE	
BASIC FEE			and the second s						514	380.00	OR	777	760.00	동네
TOTAL CLAIMS			21	minus	20= • 5	• 51			9=		OR	X\$18=	918	
INDEPENDENT CLAIMS / minus 3 = * 9					X39	)=		OR	X78=∄	70m2				
MU	JLTIPLE DEPEN	NDENT	CLAIM P	RESENT				+130	)=		OR	+260=	260	7 3
* If the difference in column 1 is less than zero, enter "0" in column 2									AL		OR	TOTAL	2640	j 
	C	(Coli	ımn 1)	MENDEC	- PART II (Column 2	) <b>(C</b> d	olumn 3)	SMA	LL	ENTITY	OR	OTHER SMALL		: J\$40
MENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		i kir	HIGHEST NUMBER PREVIOUSL' PAID FOR		RESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 3	3	Minus .	21	=		X\$ 9	)=		OR	X\$18=		47
AME	Independent	* /		Minus	12	=		X39	=		OR	X78=		
	FIRST PRESE	NIAIIC	N OF M	JUTIPLE DEF	PENDENT CLA	MIM		1120	\			1360-		1
								+130	= TAL		OR	+260=		4.
		(Colu	ımn 1)		(Column 2)	) (Ca	olumn 3)	ADDIT.	_		OR	ADDIT. FEE		-
ENT B		CL REM. AF	AIMS AINING TER DMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PF	RESENT	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	3
ND ND	Total	*		Minus	**	=		X\$ 9	=		OR	X\$18=		
AMEND	Independent FIRST PRESE	NTATIO	N OF M	Minus	SENDENT CLA	=		X39:	=	,	OR	X78=		
	THIOTTHEOL	MANO	IT OF WIL	DETIFIE DEF	ENDENT CLA	MIVI .		+130	_		OR	+260=		1
								TOT ADDIT. F	AL			TOTAL ADDIT. FEE		1
	•		mn 1)		(Column 2)	(Co	lumn 3)	ADDII. F	-c •			AUUII. FEE		1 :
ENTC		REM/ AF	NIMS NINING TER DMENT	<i>i</i> >	HIGHEST NUMBER PREVIOUSLY PAID FOR	PR	RESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL	

<u></u>		_(Column 1)		(Column 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA						
Š	Total	*	Minus	**	=						
ME	Independent	*	Minus	AAA	=						
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FORM PTO-875

AMENDMENT

X\$18=

X78≈

+260=

TOTAL

OR

OR

OR

X\$ 9=

X39=

+130=

ADDIT. FEE

TOTAL

<sup>\*</sup> If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."